

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540624

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9	1		1			
10		1		1		
11		2		2		
12		2		2		
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14		2		2		
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16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21	1		1			
22		1		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27	1		1			
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48						
49						
50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		45	←		←
TOTAL CLAIMS			48			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY